

QUALITY IMPROVEMENT SERIOUS INCIDENT REPORT-ADS

***To be completed and submitted via FAX to Quality Improvement Department
within 72 hours of occurrence of incident***

Client Name: <input type="text"/>		
Client Case Number: <input type="text"/>	DOB: <input type="text"/>	
Mental Health Diagnosis (If applicable, use DSM IV Codes) : Axis I (Primary) : <input type="text"/> Axis I (Secondary) : <input type="text"/>		
Primary drug of choice: <input type="text"/> Secondary drug of choice: <input type="text"/>		
Provider (Program) Name: <input type="text"/>		
Parent Organization (if any): <input type="text"/>		
Staff Involved: <input type="text"/>		
Date of Incident: <input type="text"/>	Time of Incident: <input type="text"/>	Date reported to Provider: <input type="text"/>
Location where Incident Occurred: <input type="text"/> (Address/Setting)		
Date and Time Incident was reported telephonically to BHS QI: <input type="text"/>		
Date and Time Incident was reported telephonically to State: <input type="text"/>		

1. Incident Reviewed (Serious incidents to be reported to BHS-QI are categorized as follows, (Please check one):

- ☐ Death of a client or participant
- ☐ Violence or threats of violence including: Homicide or attempted homicide by a client or participant, injurious assault on a client or by a client occurring on the program's premises which results in serious physical injury
- ☐ Suicide attempt
- ☐ Apparent overdose of alcohol or illicit or prescription drugs, whether fatal or injurious, and requiring medical attention, or adverse prescribed medication reaction or medication error (applies only to residential programs) resulting in physical damage and/or loss of consciousness
- ☐ Allegations of inappropriate staff or program volunteer behavior such as staff and client boundary issues, sexual relations with a client, financial exploitation of a client, and/or physical or verbal abuse of a client
- ☐ Major confidentiality breach (lost or stolen laptop, large number of client files/records accessed, etc.)

Note: Reporting of a serious incident is based on criteria and determined severity of the serious incident. A major concern is that the event may have the potential for significant adverse media (press, internet, television, radio) involvement.

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County of San Diego Behavioral Health Services

Client Name:

☐ **Notification to:** Law Enforcement/State/Other ☐ **Verbal** ☐ **Written** ☐ **NA**

Other:

2. Describe the Serious Incident:

(Include people involved and precipitating factors)

(Continue on Page 3 if needed)

3. Other Behavioral Health Services Client is currently receiving:

(Outpatient, case management, medication management, day treatment/rehabilitation, residential, etc.)

4. Current prescribed medication:

Name of prescribing physician:

5. Physical or medical concerns:

Report Completed By:

Date/Time:

Program Manager Signature:

Date/Time:

Contact Email:

Contact Phone:

Date Faxed to County Quality Improvement:

FAX #: (619) 236-1953
Quality Improvement Unit

Serious Incident Report Line: (619) 563-2781
County of San Diego Behavioral Health Services

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Client Name:

2. Describe the Serious Incident: (additional space from page 2, if needed)

(Include people involved and precipitating factors)

(Continued from Page 2)

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